

**PART A**  
**APPLICATION FOR PERMIT**  
(including Household Goods)

**WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**  
 1300 S Evergreen Park Dr. SW, PO Box 47250, Olympia, WA 98504-7250  
 Telephone (360) 664-1222 - Fax (360) 586-1181  
 Intrastate Common Carrier Operating Authority

<b>FOR OFFICIAL USE ONLY</b>		Docket No. TV <u>19345</u>
Reception Number	Safety	Carrier ID# <u>ZAVYATSCQ</u>
111-0268-200-02	Insurance <u>HUB TRANSPOR</u>	Employee <u>M</u>

1110

**TYPE OF APPLICATION**

New Common Carrier Permit Authority, or Transfer of Existing Permit Number		Extension of Common Carrier Permit Authority	
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE		
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS		
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE		
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE			
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation			

**MOTOR CARRIER IDENTIFICATION**

Common Carrier # 65910 Unified Business Identifier Number (UBI): 601996527

Legal Name: Vladimir Zayats USDOT: 1624284

Trade Name(s), dba(s), if any \_\_\_\_\_

Email address: ZAYATS\_VLADIMIR@yahoo.com

Phone Number: 206-348-8031 Fax Number: \_\_\_\_\_

Business (Mailing) Address: 5129 S BRANDON ST. SEATTLE WA 98118

Physical Address (if different): SAME

**TYPE OF BUSINESS STRUCTURE**

Individual     Partnership     Corporation     Limited Liability Company    State of Inc. WA

NAME Vladimir ZAYDTS.    TITLE OWNER    Stock Distribution or % of Shares \_\_\_\_\_

"QUICK TRANSPORTATION"

**\*TRANSFER OF PERMIT NUMBER**

\*Complete this section ONLY if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT \_\_\_\_\_ Permit Number \_\_\_\_\_

Signature of current permit holder \_\_\_\_\_ Date \_\_\_\_\_

**INSURANCE REQUIREMENTS (must check one)**

A permit will not be issued until acceptable insurance is received.

<input type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B.	<input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B.	<input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	<input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.
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**MOTOR VEHICLE LIST (Attach additional pages if necessary)**

Unit #	License Number	State	VIN number
<u>1</u>	<u>B63458C</u>	<u>WA</u>	<u>1GDESE1265F518398</u>

**SIGNATURE**

I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is issued by the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

Signature VZ    Date 06-26-15

**PART B**  
**SAFETY FITNESS SURVEY**  
**FOR ALL APPLICANTS THAT OPERATE A VEHICLE OVER 10,000 GVWR**

**Companies applying to transport any commodity must complete this survey.**

**Instructions:** In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Administration (FMCSA) regulations in the Code of Federal Regulations at 49 CFR. The requirement to comply with current FMCSA is mandated by the Washington State Patrol (WSP) in its rules, Washington Administrative Code (WAC) 346-05.

Copies of the FMCSR's are available from several vendors. These include, but are not limited to:

- Washington Trucking Association, 930 S. 336th St., Suite B, Federal Way, WA 98003, phone: (206) 308-5025, (800) 712-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3001 W. Broadwood Lane, Neenah, WI 54957, www.jjkeller.com, 877 364-2332.
- Wilamette Traffic Bureau, 16301 NE Cameron Blvd, Portland, OR 97230-5030, www.wtbtraffic.com, 800-727-7293.
- US Government Printing Office, 732 N. Capitol Street, NW, Washington, DC 20401, www.gpo.gov, 866-512-1800.

**Controlled Substances and Alcohol Testing**

Name: VE (Vladimir Zayats) Position: OWNER

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid CDL. The definition of a commercial motor vehicle is a vehicle that:

- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 pounds or more; or
- is designed to transport 16 or more passengers, including the driver; or
- is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.

Any person who drives a commercial motor vehicle requiring a CDL must participate in a controlled substance and alcohol testing program as required by FMCSA in 49 CFR Part 382 and 49 CFR Part 40, and by the WSP in WAC 446-65-010.

**Commercial Driver's License (CDL) Requirements**

Name: VE (Vladimir Zayats) Position: OWNER

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid CDL, as required by the Washington State Department of Licensing. The definition of a commercial motor vehicle is a vehicle that:

- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 pounds or more; or
- is designed to transport 16 or more passengers, including the driver; or
- is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.

**Driver Qualification Requirements**

Name: VZ (Vladimir Zayats) Position: OWNER

Each company must maintain a complete Driver Qualification File for each employee authorized to drive motor vehicles as required by FMCSR Part 391.51 and by the WSP in WAC 446-65-010. Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions. Owners/operators that conduct any interstate operations must maintain a complete file on themselves and any other driver that they may use.

**Drivers Hours of Service**

Name: VZ (Vladimir Zayats) Position: OWNER

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP in WAC 446-65-010.

**Vehicle Inspection, Repair, and Maintenance**

Name: VZ (Vladimir Zayats) Position: OWNER

Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day as required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must maintain certain required records for each vehicle that includes the following, as required by the FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC 446-65-010:

- Identification of the vehicle.
- The nature and due date of various inspection and maintenance operations to be performed.
- A record of inspections, repairs and maintenance indicating their date and nature.

All companies must conduct periodic inspections as required by the FMCSA in 49 CFR, Part 396.17 and by the WSP in WAC 446-65-010.

**Signature**

My signature below certifies that I understand my responsibility as a motor carrier and I will comply with all the safety requirements which apply to my operations.

VZ (Vladimir Zayats)  
Signature of applicant

OWNER  
Date

**NOTE: Once issued, you must keep a copy of your permit in your vehicle.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE ISSUED  
6/13/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUSPENSION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in the absence of such endorsement(s).

INSURER Quick Transportation (IS) P.O. Box 1387 Seattle WA 98117	CONTACT NAME Erik Thompson PHONE 206 748 5012 FAX 206 323 1387 ADDRESS 100 CENTRE STREET SEATTLE, WA 98101	POLICY NUMBER 10012015 EXPIRES 6/13/2016	INSURANCE COMPANY (Northwest) Insurance Co. (NTU) 24015
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## COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE	TYPE OF INSURANCE	ISSUE DATE	EXPIRES DATE	POLICY NUMBER	INSURER	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> CIVIL LIABILITY <input type="checkbox"/> AUTOMOBILES PER <input type="checkbox"/> POLICY <input type="checkbox"/> OTHER <input type="checkbox"/>					BODILY INJURY \$1,000,000 PROPERTY DAMAGE \$1,000,000 AUTOMOBILE LIABILITY \$1,000,000 PRODUCTS & COMPLETED OPERATIONS \$1,000,000 GENERAL AGENTS \$1,000,000 PRODUCTS COMPLETED OPERATIONS \$1,000,000
A	<b>AUTOMOBILE LIABILITY</b> AUTO AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> <b>EXCLUDED</b> HIRENED AUTOS <input type="checkbox"/> <b>EXCLUDED</b>	06/13/2015	06/13/2016	0100015	0100015	BODILY INJURY \$1,000,000 PROPERTY DAMAGE \$1,000,000 BODILY INJURY TO OWNERS \$1,000,000 BODILY INJURY TO OTHERS \$1,000,000 PRODUCTS & COMPLETED OPERATIONS \$1,000,000
	<b>UMBRELLA LINE</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LAR</b> <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> <b>DEF. RETENTION</b>					BODILY INJURY \$1,000,000 PRODUCTS & COMPLETED OPERATIONS \$1,000,000
	<b>INSURANCE COVERAGE FOR AND EMPLOYEES LIABILITY</b> AND EMPLOYEES LIABILITY COVERAGE FOR EMPLOYEES (Mandatory in WA) If you insured other WA State - 48.06.020 RCW					BODILY INJURY \$1,000,000 PRODUCTS & COMPLETED OPERATIONS \$1,000,000
A	<b>Motor Truck Cargo</b>	06/13/2015	06/13/2016	0100015	0100015	PER TRUCK Cnd

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule may be attached if more space is required)

**CERTIFICATE HOLDER**

To Whom It May Concern: For Insurance Confirmation or Verification  
 Fax 206 323 1387  
 Phone 206 748 5012

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

APPROVED BY REPRESENTATIVE